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** CONTINUING DATA ***** ☒

This application is a CIP of 10/226,394 08/23/2002 PAT 6,698,756

** FOREIGN APPLICATIONS ***** ☒

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 06/14/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NV	SHEETS DRAWING 14	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

29747

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89109

TITLE

Automatic card shuffler

FILING FEE RECEIVED 581	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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